

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/068253 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		1
3		1		1		1
4		3		1		1
5		3		1		1
6	1		1			
7	1		1			
8						1
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TOTAL IND.	1		3		4	
TOTAL DEP.		3		1		1
TOTAL CLAIMS	1	3	3	1	4	1

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						